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FACSIMILE TRANSMISSION

July 7, 2005

TO : U.S. PATENT AND TRADEMARK OFFICE

ATTN: Examiner Catherine A. Simone

FAX NO.: 703-872-9306

TELEPHONE:

FROM: Michael A. Bush

RE: FEE TRANSMITTAL FOR PETITION FOR EXTENSION OF TIME

SERIAL NO.: 09/995,832

OUR DOCKET: 1642.1001

NO. OF PAGES (Including this Cover Sheet) 2

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COMMENTS:

07/11/2005 HGUTEMA1 00000009 193935 09995832
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CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 7, 2005
By: Michael A. Bumbra
Date July 7, 2005

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S&H Form: (02/05)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	1642.1001		
		Application Number	09/995,832		
		Filing Date	November 29, 2001		
		First Named Inventor	Akiko MIYAKAWA, et al.		
		Group Art Unit	1772		
AMOUNT ENCLOSED	1020.00	Examiner Name	Catherine A. SIMONE		

FEES CALCULATION (fees effective 12/08/04)

CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	12	- 20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	4	- 4 =	0	X \$ 200.00 =	0.00
Since an Official Action set an original due date of April 7, 2005, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,160);					1,020.00
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 1020.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 1020.00

- (1) If entry (1) is less than entry (2), entry (3) is "0".
- (2) If entry (2) is less than 20, change entry (2) to "20".
- (4) If entry (4) is less than entry (5), entry (5) is "0".
- (5) If entry (5) is less than 3, change entry (5) to "3".

METHOD OF PAYMENT

Check enclosed as payment.
 Charge "TOTAL FEES DUE" to the Deposit Account No. below.
 No payment is enclosed.

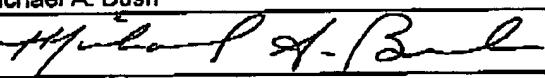
GENERAL AUTHORIZATION

If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:

Deposit Account No.	19-3935
Deposit Account Name	STAAS & HALSEY LLP

The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.

SUBMITTED BY: STAAS & HALSEY LLP

Typed Name	Michael A. Bush	Reg. No.	48,893
Signature		Date	July 7, 2005

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